
	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 32273-10		2. EPA Product Manager J. Hebert	
4. Company/Product (Name) Behr Sanitizing Paint		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name And Address Of Applicant (Include ZIP Code) Behr Process Corporation 1801 E. St. Andrew Place Santa Ana, CA 92705 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final Printed label in response to Agency letter dated _____ <input checked="" type="checkbox"/> Resubmission in response to Agency letter dated <u>12/23/2021</u> <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification – Explain below. <input type="checkbox"/> Other – Explain Below.			
Explanation: Use additional page(s) if necessary. (For section I and Section II.) Submission of stewardship program information as identified in Item 3 of the Terms of Registration in the Agency's approval letter dated 12/23/2021. Contact for this action: Juli Mann, TSG Consulting; phone 202-828-8987; email: juli.mann@tsgconsulting.com			
Section III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(S) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithographed <input type="checkbox"/> Pager glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Juli Mann		Title Principal Consultant, TSG Consulting Telephone No. (Include Area Code) 202-828-8987	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent for Behr Process Corporation	
4. Typed Name Juli Mann		5. Date April 1, 2022	